

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
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32		31				
33		32				
34		33				
35		34				
36		35				
37	1					
38	1	1				
39	1	2				
40	1	3				
41	1	4				
42	1	5				
43	1	6				
44		7				
45		8				
46		9				
47		10				
48		11				
49		12				
50		13				
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	12		←		←	←
TOTAL CLAIMS	18					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	←
TOTAL CLAIMS						